

<i>SERFF Tracking Number:</i>	<i>AGDE-126429000</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Union Fire Insurance Company of Pittsburgh, Pa.</i>	<i>State Tracking Number:</i>	<i>44398</i>
<i>Company Tracking Number:</i>	<i>A30374NUFIC</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Direct Marketing</i>		
<i>Project Name/Number:</i>	<i>OINS Rider/A30374NUFIC</i>		

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: Direct Marketing	SERFF Tr Num: AGDE-126429000	State: Arkansas
TOI: H02I Individual Health - Accident Only	SERFF Status: Closed-Approved-Closed	State Tr Num: 44398
Sub-TOI: H02I.000 Health - Accident Only	Co Tr Num: A30374NUFIC	State Status: Approved-Closed
Filing Type: Form	Authors: Wanda Floyd, Wanda Coleman, Jolene Baddick	Reviewer(s): Rosalind Minor
	Date Submitted: 12/22/2009	Disposition Date: 12/29/2009
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: OINS Rider	Status of Filing in Domicile: Not Filed
Project Number: A30374NUFIC	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 12/29/2009	Explanation for Other Group Market Type:
	State Status Changed: 12/29/2009
Deemer Date:	Created By: Jolene Baddick
Submitted By: Wanda Floyd	Corresponding Filing Tracking Number:
Filing Description:	
RE: National Union Fire Insurance Company of Pittsburgh, Pa.	
NAIC # 012-19445, FEIN 25-0687550	
Individual Accident Insurance	
A30374NUFIC – Insurance with Same Insurer Rider	
A30364NUFIC-AR (Rev. 12/09) – Outline of Coverage	
Form Filing	

<i>SERFF Tracking Number:</i>	<i>AGDE-126429000</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Union Fire Insurance Company of Pittsburgh, Pa.</i>	<i>State Tracking Number:</i>	<i>44398</i>
<i>Company Tracking Number:</i>	<i>A30374NUFIC</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Direct Marketing</i>		
<i>Project Name/Number:</i>	<i>OINS Rider/A30374NUFIC</i>		

The above referenced form, A30374NUFIC – Insurance with Same Insurer Rider, is being submitted for your review and approval. This form is new and is not intended to replace any form previously approved by your Department. When approved, it will be utilized with our Individual Accident [and Sickness] Policy, Form A30329NUFIC-AR, previously approved by your Department on March 13, 2009.

The other referenced form, A30364NUFIC-AR (Rev. 12/09) – Outline of Coverage, will replace the form previously approved by your Department on March 13, 2009. We revised this form by adding the “Other Insurance in this Insurer” language to the very last page under the General Provisions section and added the Revision Date of “12/09” to the form number.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form (including color, typeface and font).

We thank you for your attention to this filing and look forward to your approval.

Company and Contact

Filing Contact Information

Jolene Baddick, Regulatory Affairs Analyst	jolene.baddick@chartisinsurance.com
600 King Street	800-225-5244 [Phone] 2687 [Ext]
PDV1	302-594-4810 [FAX]
Wilimington, DE 19801	

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, Pa.	CoCode: 19445	State of Domicile: Pennsylvania
600 King Street	Group Code: 12	Company Type:
8th Floor	Group Name: AIG	State ID Number:
PDV1	FEIN Number: 25-0687550	
Wilmington, DE 19801		
(800) 225-5244 ext. 2935[Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00

SERFF Tracking Number: AGDE-126429000 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: 44398
Pittsburgh, Pa.
Company Tracking Number: A30374NUFIC
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Direct Marketing
Project Name/Number: OINS Rider/A30374NUFIC
Retaliatory? No
Fee Explanation: \$20 per form - 2 forms submitted = \$40
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$40.00	12/22/2009	32994123

SERFF Tracking Number:	AGDE-126429000	State:	Arkansas
Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.	State Tracking Number:	44398
Company Tracking Number:	A30374NUFIC		
TOI:	H02I Individual Health - Accident Only	Sub-TOI:	H02I.000 Health - Accident Only
Product Name:	Direct Marketing		
Project Name/Number:	OINS Rider/A30374NUFIC		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/29/2009	12/29/2009

<i>SERFF Tracking Number:</i>	<i>AGDE-126429000</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Union Fire Insurance Company of Pittsburgh, Pa.</i>	<i>State Tracking Number:</i>	<i>44398</i>
<i>Company Tracking Number:</i>	<i>A30374NUFIC</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Direct Marketing</i>		
<i>Project Name/Number:</i>	<i>OINS Rider/A30374NUFIC</i>		

Disposition

Disposition Date: 12/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AGDE-126429000	State:	Arkansas
Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.	State Tracking Number:	44398
Company Tracking Number:	A30374NUFIC		
TOI:	H02I Individual Health - Accident Only	Sub-TOI:	H02I.000 Health - Accident Only
Product Name:	Direct Marketing		
Project Name/Number:	OINS Rider/A30374NUFIC		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Insurance with Same Insurer Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

SERFF Tracking Number: AGDE-126429000 State: Arkansas

Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 44398

Company Tracking Number: A30374NUFIC

TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only

Product Name: Direct Marketing

Project Name/Number: OINS Rider/A30374NUFIC

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/29/2009	A30374NUFIC	Certificate	Insurance with Same Initial Insurer Rider			51.400	A30374NUFIC-OINS.pdf
		t, Insert Page, Endorsement or Rider					
Approved-Closed 12/29/2009	A30364NUFIC-AR (Rev. 12/09)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: A30364NUFIC-AR Previous Filing #: 41559	50.000	A30364NUFIC-AR-Rev.12-09-Outline.pdf

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Insured: [Robert Roe]

Policy Number: [XXXXXX]

Effective Date: [December 31, 2009]

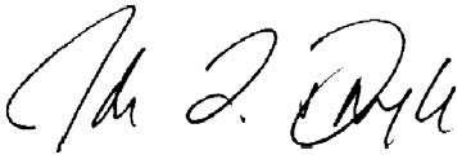
Insurance with Same Insurer Rider

This Rider is attached to and made part of the Policy on the Effective Date shown above. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider.

The following provision is added to the General Provisions section:

Other Insurance in this Insurer. Insurance effective at any one time on an Insured Person under this Policy and a like policy or policies issued by the Company is limited to the one policy elected by the Insured Person, or the Insured Person's beneficiary or estate, as the case may be, and the Company will return all premiums paid for all other such policies.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

[(212) 770-7000]

(a capital stock company, herein referred to as the Company, We, Our, or Us)

INDIVIDUAL ACCIDENT [AND SICKNESS] [ONLY][HOSPITAL CONFINEMENT INDEMNITY] INSURANCE COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

OUTLINE OF COVERAGE

Read your Policy Carefully – This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

[Accident] [and Sickness] [only] [Hospital Confinement Indemnity] coverage is designed to provide, to persons insured, [coverage for certain losses resulting from a covered accident [or sickness] [ONLY],][and][coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness,] subject to any limitations contained in the policy. Coverage is not provided for [basic hospital, basic medical-surgical, or major medical expenses] [or] [any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below].

THE POLICY IS GUARANTEED RENEWABLE[until You or Your Insured Spouse's termination age]. We cannot change any of the terms of the Policy on its own, except that, in the future, We may increase the premium You pay.

[COVERAGE TERMINATES AT AGE [65, 70, 75, 80, 85] OR AS OTHERWISE PROVIDED BY THE POLICY.]

TABLE OF CONTENTS

Schedule.....	[X]
Definitions.....	[X]
Effective and Termination Dates	[X]
Premium	[X]
Benefits.....	[X]
[Accidental Dismemberment Benefit	[X]]
Exclusions.....	[X]
Claims Provisions	[X]
General Provisions.....	[X]

SCHEDULE

Insured: [John Doe]
 Issue Age: [35]
 Address: [124 Anystreet
Anytown, USA]
 Type of Coverage: [Insured] [Insured & Spouse] [Insured & Child(ren)] [Insured, Spouse & Children]
 Policy #: [123345]
 Policy Effective Date: [6/1/00]

Covered Activities:

1. 24 Hour Accident Coverage. [("24 Hour")]
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [("Motor Vehicle")]
3. While riding as a fare-paying passenger on a Common Carrier. [("Common Carrier")]

Benefit Schedule

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in the Policy. [The Maximum Amounts payable for a loss is less for an Insured Person who is age [65, 70, 75] or older on the date of the accident causing the loss with respect to the Benefits illustrated below.]

Per Accident Maximum Amount [\$XXXX].

Benefit	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death]			
[Ages [64, 69, 74] and under]	[\$XXXX]	[\$XXXX]	[\$XXXX]
[Ages [65, 70, 75] to termination]	[\$XXXX]	[\$XXXX]	[\$XXXX]
[24 Hour]			
[Ages [64, 69, 74] and under]	[\$XXXX]	[\$XXXX]	[\$XXXX]
[Ages [65, 70, 75] to termination]	[\$XXXX]	[\$XXXX]	[\$XXXX]
Motor Vehicle			
[Ages [64, 69, 74] and under]	[\$XXXX]	[\$XXXX]	[\$XXXX]
[Ages [65, 70, 75] to termination]	[\$XXXX]	[\$XXXX]	[\$XXXX]
Common Carrier			
[Ages [64, 69, 74] and under]	[\$XXXX]	[\$XXXX]	[\$XXXX]
[Ages [65, 70, 75] to termination]	[\$XXXX]	[\$XXXX]	[\$XXXX]
[Accidental Dismemberment]			

Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Common Carrier Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[Accident Medical Expense Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]] [Deductible Amount Per Accident :] [Per Insured Person in Class 1, 2 and 3 \$[XXXX]] [Dental [Per Accident:]] Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[Dislocations Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]] Fractures Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 24 Hour	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]

Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]] Maximum Dislocations/Fractures Benefit]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[Emergency Transportation Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Motor Vehicle Ages [64, 69, 74] and under][Ages [65, 70, 75] to termination]] [Maximum of [X] transportation benefits per Insured Person per Calendar Year]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[Emergency Treatment Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]] [If Admitted as an In-Patient Ages [64, 69, 74] and under Ages [65, 70, 75] to termination [Due to a Fracture Ages [64, 69, 74] and under Ages [65, 70, 75] to termination [For [all other] Injuries Ages [64, 69, 74] and under Ages [65, 70, 75] to termination [Maximum of [X] Emergency Treatment benefits per Insured Person per Calendar Year]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[Escalator]	[See Benefit]	[See Benefit]	[See Benefit]

[Family Leave Monthly Maximum Amount [Ages [64, 69, 74] and under] \$[XXXXXX] [Ages [65, 70, 75] to termination] \$[XXXXXX] Maximum Number of Months: [XX]]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[XX]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]
[Homecare]	See Benefit	See Benefit	[See Benefit/No Benefit]
[In-Hospital Indemnity Daily [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] 24 Hour [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] Motor Vehicle [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[In-Hospital Indemnity Single Payment [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] 24 Hour [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] Motor Vehicle [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] If Confined for: [30-59] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [60-89] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [90-120] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [121-150] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [151 +] Consecutive Days: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[In-Hospital Indemnity Sickness Daily]			

Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Maximum Number of Days: [XXX] Payable only [once] during the lifetime of the Insured Person	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]
In-Hospital Indemnity Sickness Single Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination If Confined for: 30-59 Consecutive Days: Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 60-89 Consecutive Days: Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 90-120 Consecutive Days: Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 121-150 Consecutive Days: Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 151 + Consecutive Days: Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
Intensive Care Unit Ages [64, 69, 74] and under Ages [65, 70, 75] to termination 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]]] Maximum Number of Days: [XXX]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
Permanent Total Disability (Monthly Benefit) Elimination Period: [6, 12] consecutive months Maximum Number of Months: [120] Ages [64, 69, 74] and under Ages [65, 70, 75] to termination	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]

[24 Hour [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] Motor Vehicle [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]] Maximum Number of Months: [XX]]	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]
[Permanent Total Disability (Single Payment) Elimination Period: [6, 12, 24] consecutive months [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [24 Hour [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] Motor Vehicle [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination]]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[Physician's Office Visits Indemnity [Waiting Period: [1-12] consecutive months] [[Routine Well Care Related Visits -Benefit Amount Per Visit: [Ages [64, 69, 74] and under] [Ages [65, 70, 75] to termination] [-Maximum Number of Visits [Per Calendar [Month] [Quarter][Year]] [Per [1-12] months] [Per Insured Person:] [Per Family: [X]]] [-Maximum Benefit Amount [Per Calendar [Month] Quarter][Year]] [Per [1-12] months][Per Insured Person:] [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [Per Family: \$[XXXX]]] [Injury Related Visits -Benefit Amount Per Visit: [Ages [64, 69, 74] and under] [Ages [65, 70, 75]to termination] [-Maximum Number of Visits [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months] [Per Insured Person:] [Per Family: [X]]] [-Maximum	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]

<p>Benefit Amount [Per Calendar [Month] [Quarter] [Year]][Per [1-12] months][Per Insured Person]: Ages [64, 69, 74] and under Ages [65, 70, 75]to termination Per Family: \$[XXXX]]]</p> <p>[Sickness Related Visits -Benefit Amount Per Visit: Ages [64, 69, 74] and under Ages [65, 70, 75]to termination -Maximum Number of Visits [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months] [Per Insured Person]: [Per Family: [X]]] -Maximum Benefit Amount [Per Calendar [Month] [Quarter] [Year]] [Per [1-12] months][Per Insured Person]: Ages [64, 69, 74] and under Ages [65, 70, 75]to termination Per Family: \$[XXXX]]]</p> <p>[Combined Maximum Number of Visits Per Calendar [Month] [Quarter][Year]] Per [1-12] months][Per Family]: [X]]</p> <p>[Combined Maximum Benefit Amount Per Calendar [Month] [Quarter] [Year]] Per [1-12] months][Per Family]: \$[XXXX]]</p> <p>[Lifetime Maximum Number of Visits for all Physician Office Visits Per Insured Person:] Per Family: [X]]]</p> <p>[Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person]: [Per Family: \$[XXXX]]]</p>	<p>\$[XXXX] \$[XXXX]</p> <p>\$[XXXX] \$[XXXX]</p> <p>[X]</p> <p>\$[XXXX] \$[XXXX]</p> <p>[X]</p> <p>\$[XXXX]</p>	<p>\$[XXXX] \$[XXXX]</p> <p>\$[XXXX] \$[XXXX]</p> <p>[X]</p> <p>\$[XXXX] \$[XXXX]</p> <p>[X]</p> <p>\$[XXXX]</p>	<p>\$[XXXX] \$[XXXX]</p> <p>\$[XXXX] \$[XXXX]</p> <p>[X]</p> <p>\$[XXXX] \$[XXXX]</p> <p>[X]</p> <p>\$[XXXX]</p>
<p>[Recuperation Daily</p> <p>Ages [64, 69, 74] and under Ages [65, 70, 75]to termination</p> <p>[24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination</p> <p>Motor Vehicle</p>	<p>\$[XXXX] \$[XXXX]</p> <p>\$[XXXX] \$[XXXX]</p>	<p>\$[XXXX] \$[XXXX]</p> <p>\$[XXXX] \$[XXXX]</p>	<p>\$[XXXX] \$[XXXX]</p> <p>\$[XXXX] \$[XXXX]</p>

Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]
[Recuperation Sickness Daily Ages [64, 69, 74] and under Ages [65, 70, 75]to termination] Maximum Number of Days: [XXX]]	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX]
[Simultaneous In-Hospital Indemnity Daily Ages [64, 69, 74] and under Ages [65, 70, 75] and over] 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination] Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]] Maximum Number of Days: [XXX]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]
[Total Temporary Disability Accident Elimination Period: [1-6] consecutive months Maximum Number of Months Payable: [3-24] Ages [64, 69, 74] and under Ages [65, 70, 75] to termination] 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination] Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]] [Additional Rider Ages [64, 69, 74] and under Ages [65, 70, 75]to termination] 24 Hour Ages [64, 69, 74] and under Ages [65, 70, 75] to termination] Motor Vehicle Ages [64, 69, 74] and under Ages [65, 70, 75] to termination]]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]

	PREMIUM	
	Amount	Term
[Insured	[XXX] per	[XXX]
Insured & Spouse	[XXX] per	[XXX]
Insured, Spouse & Child(ren)]	[XXX] per	[XXX]

DEFINITIONS

Benefit Schedule. Means the Benefit Schedule section of this Outline of Coverage.

Covered Activity (ies). Means those activities set out in the Covered Activities section of the Schedule, with respect to which Insured Person(s) are provided accident insurance coverage under the Policy.

[Domestic Partner. Means [an opposite][or][a same] sex partner who has met all of the following requirements for at least [6, 12] consecutive months immediately preceding the Policy Effective Date: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You nor the Domestic Partner is married to anyone else, nor has any other Domestic Partner. We require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

Injury. Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss[; and (3) which occurs while such person is participating in a Covered Activity].

Insured. The person named in the Schedule for whom coverage is provided under the Policy and for whom premium has been paid.

[Insured Dependent Child(ren). Your unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in Your home, under age 19 (or age 23 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on You for support and maintenance: (1) whom You have elected to cover under the Policy; (2) for whom premium has been paid when due; and (3) while covered under the Policy.]

Insured Person. You, and, if indicated in the Schedule, Your Insured Spouse and Insured Dependent Children.

[Insured Spouse. Your legal spouse [or Domestic Partner] for whom coverage is provided under the Policy and for whom premium has been paid, if indicated in the Schedule.]

Maximum Amount. The amount shown on the Benefit Schedule that is used to determine amounts payable under each Benefit.

[Motor Vehicle. Means a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire]. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.]

Physician. Means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) an Insured Person; or 2) an Immediate Family Member. Immediate Family Member means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Policy. The Policy, Application and any attached Riders and Endorsements.

We, Us, Our, Company. Means National Union Fire Insurance Company of Pittsburgh, PA.

You, Your. Means the Insured.

EFFECTIVE AND TERMINATION DATES

The Policy begins on the Effective Date shown in the Schedule at 12:01 A.M. standard time at Your place of residence. The Effective Date is the date from which policy years and premium due dates will be figured.

[If Insured or Insured & Spouse only coverage is issued and You desire uninterrupted coverage for a newborn, You must notify Us within 90 days of the child's birth or before the next premium due date, whichever is later. Coverage for adopted children shall begin on the date of the filing of a petition for adoption if You apply for coverage within sixty (60) days after the filing of the petition for adoption. Coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of an adopted newborn. Upon notification, We will advise You of the additional premium due. Upon payment of the additional premium due, We will include Dependent Child coverage under the Policy. If Dependent Child coverage is in force, it is not necessary to notify Us of the birth or adoption of a child and an additional premium payment is not required.]

You may terminate the Policy on any premium due date by giving 31 days advance written notice to Us.

The Policy may also at any time be terminated by mutual consent of You and Us.

The Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (2) the date You requested in writing that coverage be terminated; or (3) Your death. Upon Your death, if there is an Insured Spouse, such Insured Spouse becomes the Insured and coverage continues.

[If Insured only coverage is indicated in the Schedule, the Policy will terminate automatically on the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You reach age [65, 70, 75, 80, 85]. If Spouse coverage is indicated in the Schedule, the coverage for the older of You or Your Insured Spouse terminates automatically on the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You or Your Insured Spouse reach age [65, 70, 75, 80, 85]. However the Policy does not automatically terminate until the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date the younger of You or Your Insured Spouse reaches age [65, 70, 75, 80, 85].

If the Policy is terminated due to You or Your Insured Spouse reaching age [65, 70, 75, 80, 85] and premiums have been paid and accepted beyond the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following the date You or Your Insured Spouse reach age [65, 70, 75, 80, 85], coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

[Insured Dependent Child(ren)'s coverage under the Policy ends on the earliest of: (1) the date Your coverage under the Policy ends; (2) the premium due date if premiums for Your Insured Dependent Child(ren) are not paid when due, subject to the Grace Period provision; (3) the date You make a written request that coverage for Your Insured Dependent Child(ren) be terminated; or (4) the date Your Insured Dependent Child(ren) reach(es) the limiting age, except as otherwise stated in the Policy.

If coverage is terminated due to Your Insured Dependent Child(ren) reaching the limiting age, and premiums have been paid and accepted beyond the [monthly][quarterly] anniversary date of the Effective Date of the Policy next following that date, coverage shall continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

Any of Your unmarried Insured Dependent Child(ren) covered under the Policy before reaching the age limit, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on You for support and maintenance, may continue to be eligible under the Policy beyond the age limit for as long as coverage under the Policy is in force, but only if they remain continuously covered under the Policy. We may request the submission of satisfactory proof of Your Insured Dependent Child(ren)'s incapacity and dependency to Us. If coverage is extended, We may request submission of satisfactory proof of Your Insured Dependent Child(ren)'s continued incapacity and dependency on an annual basis after the initial two-year period following attainment of the specified age.]

Termination takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination will not affect a claim for a covered loss that occurred while coverage was in force under the Policy.

Effective Date of Change in Coverage

A change in coverage due to a change in the election of benefits will become effective on the later of the following dates: (1) the date the written request for change in coverage is received by Us; or (2) if the change requires a change in premium, the date the first changed premium is paid when due.

PREMIUM

The initial premium for the Policy must be paid to Us at our Home Office in advance. Subsequent premium payments are due when and as stated in the Schedule. If premiums are not paid when they are due or within the Grace Period, the coverage provided by the Policy will terminate as set forth in the Effective and Termination Dates section.

Premium Term. The premium term is shown in the Schedule. You may change the premium term on any premium due date if We agree.

We reserve the right to change the premiums. Any change in premium will be uniform for all Insured Persons in the same rate class, on all policies bearing this form number in the state where the Policy is issued. We may also change premiums at any time a change affecting rates is made in the Policy. Written notice of any premium change will be mailed to You at Your last known address at least 30 days in advance.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. The Policy will terminate on the last day of the Grace Period if You fail to pay all premiums due by the last day of the Grace Period.

No Grace Period will be provided if We receive notice from You to terminate the Policy prior to a premium due date.

Reinstatement. If the Policy terminates because premiums have not been paid, You can request to reinstate the Policy by sending a written request to Us to do so. The Policy can be reinstated on the date all required premiums are paid to Our Home Office.

We have the right to make changes in the Policy before We reinstate it. Any changes will be made in or attached to the reinstated policy We send to You. All other terms of the Policy remain unchanged.

The reinstated policy shall cover only loss resulting from such accidental Injury as may be sustained after the date of reinstatement [and loss due to such Sickness as may begin more than ten days after that date].

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

BENEFITS

The Maximum Amounts shown in the Benefit Schedule[, subject to the Reduction Schedule,] are used to determine amounts payable under each Benefit.

[Reduction Schedule. The Maximum Amount for an Insured Person who is under age [65, 70, 75] on the date of the accident causing the loss, will be reduced by a percentage of such Maximum Amount for an Insured Person who [is age [65, 70, 75]] [, with respect to Sickness, is age [65, 70, 75] and with respect to Injury, is age [65, 70, 75]] or older on the date of the accident causing the loss, as illustrated in the Benefit Schedule. This reduction will apply in accordance with the schedule below, with respect to [all/any of the following] Benefits provided by the Policy[: Accidental Death Benefit; Accidental Dismemberment Benefit; Accident Medical Expense Benefit; Dislocations and Fractures Benefit; Emergency [Transportation] [and] [Treatment] Benefit; Family Leave Benefit; Homecare Benefit; In-Hospital Indemnity Daily Benefit; In-Hospital Indemnity Single Payment Benefit; In-Hospital Indemnity Sickness Daily Benefit; In-Hospital Indemnity Sickness Single Payment Benefit; Intensive Care Unit Benefit; Permanent Total Disability Benefit (Monthly Benefit); Permanent Total Disability (Single Payment); Physician's Office Visits Indemnity Benefit; Recuperation Daily Benefit; Simultaneous In-Hospital Indemnity Daily Benefit; Total Temporary Disability Accident Benefit].

AGE ON DATE OF ACCIDENT

PERCENTAGE OF UNDER AGE [65, 70, 75] MAXIMUM AMOUNT

[With respect to Sickness,]³65, 70, 75] or older

Reduced by [50%]

[With respect to Injury, [65, 70, 75] or older

Reduced by [50%]]

Premium for an Insured Person [age [65, 70, 75]][, with respect to Sickness age [65, 70, 75] and with respect to Injury age [65, 70, 75]] or older is based on 100% of the coverage that would be in effect if the Insured Person were under age [65, 70, 75][with respect to Sickness [65, 70, 75] and with respect to Injury [65, 70, 75]]. "Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.]

[Accidental Dismemberment Benefit. If Injury to an Insured Person results[, within [90, 120, 180, 365] days of the date of the accident that caused the Injury,] in any one of the Losses specified below, We will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

<u>For Loss of</u>	<u>Percentage of Maximum Amount</u>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%]
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%]
[Hearing in One Ear	25%]
[Thumb and Index Finger of Same Hand	25%]

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye.["Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak.][["Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.] If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid. In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than \$1,000 for double dismemberment or \$500 for single dismemberment.]

[Accidental Death Benefit. If an Insured Person's Injury results in death [within [90,120,180,365] days of the date of the accident that caused the Injury], We will pay 100% of the Maximum Amount shown in the Benefit Schedule. In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than \$1,000 for loss of life.

[Exposure and Disappearance. If by reason of an accident occurring while an Insured Person's coverage is in force under the Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy. If the body of the Insured Person has not been found within [6 months; 1 year] of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.]]

[Accident Medical Expense Benefit. If an Insured Person suffers an Injury that, within [30, 90,180,365] days of the date of the accident that caused the Injury, requires him or her to be treated by a PhysicianWe will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Accident Medical Expense Benefit Maximum Amount shown in the Benefit Schedule per Insured Person for all Injuries caused by the same accident. This benefit is payable only for such charges incurred[after the Deductible has been met and] within [26,52,104] weeks after the date of the accident causing that Injury.

Covered Accident Medical Service(s) - means any of the following services: (1)_Hospital semi-private room and board (or room and board in an intensive care unit); (2) Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; (3) services of a Physician or a registered nurse (R.N.); (4) ambulance service to or from a Hospital; (5) laboratory tests; (6) radiological procedures; (7) anesthetics and the administration of anesthetics; (8) blood, blood products and artificial blood products, and the transfusion thereof; (9) physical therapy and occupational therapy; (10) rental of Durable Medical Equipment; (11) artificial limbs, artificial eyes or other prosthetic appliances; or (12) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Ambulatory Medical Center - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

[Deductible - means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured Person due to Injuries resulting from an accident before Accident Medical Expense benefits become payable due to Injuries resulting from that accident. The amount of the Deductible is the Deductible Amount shown in the Benefit Schedule under the Accident Medical Expense Benefit. Accident Medical Expense benefits are not payable for charges applied to the Deductible.]

Durable Medical Equipment - refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability for the Insured exists for charges made to them for the services.

Medically Necessary - means that a Covered Accident Medical Service is: (1) is essential for diagnosis,

treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Limitation Due to Multiple Insurance Coverage. The insurance provided by the Policy for the Accident Medical Expense Benefit shall be in excess of all other valid and collectible insurance and indemnity. If, at the time of occurrence of any loss payable under the Policy, there is other valid and collectible insurance and indemnity in place, We shall be liable only for the excess amount of the loss over the amount of such other insurance and indemnity [and after satisfaction of any Accident Medical Expense Deductible which applies under the Policy.] Covered Accident Medical Expense Benefits incurred and paid under other valid and collectable insurance will [not] be used to satisfy any Accident Medical Expense Deductible which applies under the Policy.

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following: (1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition; (2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums[, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury[up to the Dental Maximum Amount shown in the Benefit Schedule]]; (3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight; (4) new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing; (5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in Our sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, We may, but are not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); (6) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals; [(7) any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.]]

[Dislocations and Fractures Benefit.

Dislocations Benefits: If an Insured Person suffers an Injury that results in one of the Dislocations specified below within [90,120,180,365] days of the date of the accident that caused the Injury and that Dislocation requires Reduction under anesthesia, We will pay the percentage shown below of the Dislocations Benefit Maximum Amount shown in the Benefit Schedule. Only one Dislocation benefit is payable for each Dislocation during an Insured Person's lifetime.

Fractures Benefits: If an Insured Person suffers an Injury that results in one of the Fractures specified below within [90,120,180,365] days of the date of the accident that caused the Injury, We will pay the percentage shown below of the Fractures Benefit Maximum Amount shown in the Benefit Schedule. Only one Fracture benefit is payable for each Fracture during the Insured Person's lifetime.

<u>Dislocation</u>	<u>Percentage of Maximum Amount</u>
[Hip; Knee; Wrist; Elbow; Ankle; Shoulder blade; Collarbone or Jaw	25%]

Fracture

[Hip	80%]
[Pelvis (excluding Coccyx and sacrum)	80%]
[Skull (excluding nose, lower jaw and teeth)	50%]
[Thigh (excluding kneecap)	40%]
[Upper Arm.....	40%]
[Ankle	35%]
[Lower Leg (excluding kneecap).....	35%]
[Heel	40%]
[Shoulder Blade.....	35%]
[Lower Jaw.....	30%]
[Collarbone.....	30%]
[Forearm (excluding wrist).....	25%]
[Wrist.....	25%]
[Vertebrae (each) – vertebral arch (excluding Coccyx)	20%]
[Sternum (breastbone)	15%]
[Kneecap.....	15%]
[Cheekbone.....	15%]
[Hand (excluding fingers, thumb, and/or wrist).....	10%]
[Foot (excluding toes, heel, and/or ankle).....	10%]
[Coccyx	25%]

Maximum Dislocations/Fractures Benefit. The Maximum Dislocations/Fractures Benefit payable for any one accident is shown in the Benefit Schedule and applies regardless of the number of Injuries caused by that accident.

Coccyx - means four fused vertebrae at the bottom of the spine.

Concussion - means significant blow to the head that may result in unconsciousness.

Dislocation - means that one or more bones are out of place, out of joint, or out of position. Dislocation does not include fingers and toes.

Fracture - means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.

Hairline Fracture - means a break that appears as a narrow crack along the surface of the bone.

Osteoporosis - means the thinning of bone with reduction in bone mass due to depletion of calcium and bone protein.

Pathological Fracture - means any Fracture in an area where pre-existing disease has caused weakening of the bone.

Reduction - means restoration to a normal position, of a Dislocated bone or joint.

Exclusions. In addition to the Exclusions in the Exclusions section, the Dislocations and the Fractures benefits are not payable for: (1) an Injury resulting in a Dislocation or Fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Insured Person's Effective Date of Coverage; (2) Hairline Fractures.

Special Conditions Relating to Osteoporosis or Pathological Fractures. If an Insured Person's claim is payable for a Dislocation or a Fracture, and either Osteoporosis or bone disease is first diagnosed at the time of such claim or first diagnosed prior to the claim but after the Insured Person's Effective Date, We will pay the benefit for that claim. However, no further benefits will be payable for that Insured Person and coverage under this Rider will be terminated for that Insured Person.]

[Emergency [Transportation] [and] [Treatment] Benefit .

[Emergency Transportation Benefit. If an Insured Person suffers an Injury that requires Emergency Treatment

within [12, 24, 48] hours of the date of the accident that caused the Injury and it is determined that it is Medically Necessary that such Insured Person be transported to a Hospital or a Satellite Emergency Center by Ambulance, We will pay 100% of the Emergency Transportation Maximum Amount shown in the Benefit Schedule. Only one Emergency Transportation Benefit is payable for any one accident per Insured Person. [The maximum number of Emergency Transportation Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.]]

Emergency Treatment Benefit. If an Insured Person suffers an Injury that, within [24,48,72] hours of the date of the accident that caused the Injury, requires him or her to receive Medically Necessary Emergency Treatment in a Hospital emergency room or a Satellite Emergency Center, We will pay 100% [of the applicable] Emergency Treatment Benefit Maximum Amount shown in the Benefit Schedule. Only one Emergency Treatment Benefit[, the largest,] is payable for any one accident per Insured Person. [The maximum number of Emergency Treatment Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.]]

[If an Insured Person incurs expenses for both Emergency Transportation and Emergency Treatment due to the same accident, only one amount, the highest, will be paid.] [A maximum of [2] Emergency Transportation Benefits or Emergency Treatment Benefits are payable per Insured Person per calendar year regardless of the number of accidents incurred in that same calendar year.]

[*Ambulance* –means any publicly or privately owned surface, water or air vehicle, including a helicopter, that is specifically designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded. Ambulance does not include a surface, water or air vehicle that is owned and operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport.]

Emergency Treatment –means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in: (1) Placing the health of the person (or with respect to a pregnant woman, the health of her unborn child) in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction of any bodily organ or part.

[*Fracture* –a) the act or process of breaking or the state of being broken; b) the breaking of hard tissue (as bone); or c) the rupture (as by tearing) of soft tissue.]

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

[*Inpatient* –means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.]

Medically Necessary –means an Emergency [Treatment] [or] [Transportation] is: (1) essential for the diagnosis, treatment and care of the Injury; (2) meets generally accepted standards of medical practice; [or] (3) is ordered by a Physician and performed under the Physician's care, supervision or order[; or (4) with regard to Emergency Transportation, is subsequently authorized by a Physician as appropriate due to the nature of the Injury].

Satellite Emergency Center – means a licensed facility providing outpatient care under the direction of a Physician on a 24 hour basis. Available services must include: (1) diagnostic care, including laboratory services and diagnostic x-rays; and (2) treatment or medical care, including availability of the means for stabilization of emergency medical conditions. A Satellite Emergency Center does not include a Hospital or an office maintained by a Physician for the practice of medicine or dentistry.]

Escalator Benefit Rider. The Maximum Amount shown on the Benefit Schedule [for all benefits] [for the benefits listed below] for each Insured Person who remains continuously covered under the Policy will be increased every [3, 6, 12] Policy Months for [12, 18, 24, 30, 36, 60, 120] Policy Months from the coverage effective date by a dollar amount equal to the Escalator Percentage of the Maximum Amount that was in force on the Policy Effective Date. The increase will be simple, not compound, increase. [The increased Maximum Amount is subject to the Reduction Schedule provision as shown in the Benefits section.] Policy Months are measured from the month and day of the coverage effective date.

Benefit	Escalator Percentage
[All Benefits]	[5, 10, 15, 20, 25]%
Accidental Death	[5, 10, 15, 20, 25]%
Accidental Dismemberment	[5, 10, 15, 20, 25]%
Accident Medical Expense	[5, 10, 15, 20, 25]%
Dislocations and Fractures	[5, 10, 15, 20, 25]%
Emergency Transportation	[5, 10, 15, 20, 25]%
Emergency Treatment	[5, 10, 15, 20, 25]%
Family Leave	[5, 10, 15, 20, 25]%
Homecare	No Escalator.
In-Hospital Indemnity Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Single Payment	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Single Payment	[5, 10, 15, 20, 25]%
Intensive Care Unit	[5, 10, 15, 20, 25]%
Permanent Total Disability (Monthly)	[5, 10, 15, 20, 25]%
Permanent Total Disability (Single Payment)	[5, 10, 15, 20, 25]%
Physician Office Visits Indemnity	[5 – 25]%
Simultaneous In-Hospital Indemnity	[5 – 25]%
Recuperation Daily	[5 – 25]%
Total Temporary Disability Accident	[5 – 25]%
[Additional Rider]	[5 – 25]%%

Family Leave Benefit [Version 1]. If: (1) an Insured [Person] is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury; and (2) an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [Person] within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the Insured [Person]¹ to be Disabled, We will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Immediate Family Member ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of: (1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or (2) The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage reflected in the Family Leave Benefit in the Benefit Schedule.

The benefit is payable monthly as long as the Insured [Person] remains continuously Disabled due to that Injury, but ceases on the earliest of: (1) the date the Disabled person ceases to be Disabled due to that Injury; (2) the date the Disabled person or the Caregiver dies; (3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason; (4) the date the Caregiver returns to Full-Time Employment; or (5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [Person] is Disabled for less than a full month. Only one benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one benefit is payable

under the Policy for any Disability due to the same accident, regardless of [the number of people Disabled,] the number of times an Insured [Person] is Disabled, or the number of people who resign or take a leave of absence to provide Continuous Care.

We reserve the right to request proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. We also reserve the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at Our expense as often as may be reasonably required.

[Termination.] Coverage under this Benefit does not apply to accidents occurring after the Insured [Person's] attained age [70, 75, 80, 85].]

Annual Earnings –means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver –means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care –means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - means that as the result of an Injury, the Insured [Person]: (1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.] [[However, w] [W]ith respect to an Insured [Person] for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the Insured [Person] [over age [15]] is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [Person]¹ immediately prior to the accident]; (2) requires the Continuous Care of the Caregiver; and (3) requires the supervision of a Physician unless the Insured [Person] has reached his or her maximum point of recovery.

Full-Time Employment –means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member –means the Insured [Person]'s [spouse, mother, father, mother in-law, father in-law, step-parent, grandparent, sibling, sibling in-law or child]. With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.]

[Family Leave Benefit [Version 2]. If an [Insured] [or/,] [Insured Spouse] [or an] [Immediate Family Member] is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury, and [(1)][an Insured [or Insured Spouse] takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Immediate Family Member]; or [(2)][an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [or Insured Spouse]] within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the [Insured] [or/,] [Insured Spouse] [or] [Immediate Family Member] to be Disabled, We will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Caregiver ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of: (1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or (2) [The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage applicable to the Disabled Insured [or Insured Spouse] reflected in the Family Leave Benefit in the Benefit Schedule] [If the Caregiver is the Insured, the benefit percentage will be determined as specified under 3 below]; or [(3) The result of multiplying 1/12th of the Annual Earnings by the

benefit percentage applicable to the Caregiver. The benefit percentage is reflected under the Family Leave Benefit in the Benefit Schedule].

The benefit is payable monthly as long as the [Insured] [or,] [Insured Spouse] [or] [Immediate Family Member] remains continuously Disabled due to that Injury, but ceases on the earliest of: (1) the date the Disabled person ceases to be Disabled due to that Injury; (2) the date the Disabled person or the Caregiver dies; (3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason; (4) the date the Caregiver returns to Full-Time Employment; or (5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the [Insured] [or,] [Insured Spouse] [or] [Immediate Family Member] is Disabled for less than a full month. Only one benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one benefit is payable under the Policy for any Disability due to the same accident, regardless of the [number of people Disabled,] the number of times an [Insured] [or,] [Insured Spouse] [or] [Immediate Family Member] is Disabled[, or the number of people who resign or take a leave of absence to provide Continuous Care].

We reserve the right to request proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. We also reserve the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at Our expense as often as may be reasonably required.

Termination. Coverage under this Benefit does not apply to accidents occurring after the Insured [or] [Insured Spouse's] attained age [70, 75, 80, 85].]

Annual Earnings –means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver –means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care –means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - means that as the result of an Injury, the [Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]: (1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.] [[However, w] [W]ith respect to an [Insured] [or,] [Insured Spouse] [or] [Immediate Family Member] for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the [Insured] [or,] [Insured Spouse] [or] [Immediate Family Member] is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the [Insured] [or,] [Insured Spouse] [or] [Immediate Family Member] immediately prior to the accident]; (2) requires the Continuous Care of the Caregiver; and (3) requires the supervision of a Physician unless the [Insured] [or,] [Insured Spouse] [or] [Immediate Family Member] has reached his or her maximum point of recovery.

Full-Time Employment –means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member –means [spouse, mother, father, mother in-law, father in-law, grandparent, sibling, sibling in-law or child]. [With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.]]

[Homecare Benefit. We will pay a monthly Homecare benefit as described below, if an Insured [or Insured Spouse] [Person] is receiving benefits under the Policy for Permanent Total Disability due to an Injury and requires the Continuous Care of a Qualifying Family Member or Homecare Provider in the Insured's home.

Homecare Benefit. {A.}[Continuous Care provided by Qualified Family Member: If Continuous Care is provided by a Qualifying Family Member, We will pay a benefit equal to [60%] of the Qualifying Family Member's Monthly Earnings up to a maximum of [50%] of the monthly Permanent Total Disability Benefit the Insured [or Insured Spouse] [Person] is receiving.] [B.] [Continuous Care Provided by Homecare Provider: If Continuous Care is provided by a Homecare Provider, We will pay a benefit equal to [50%] of the monthly Permanent Total Disability benefit the Insured [Insured Spouse] [Person] is receiving.]

Homecare benefits will be payable for the first [6] months the Insured [or Insured Spouse] [Person] receives monthly Permanent Total Disability benefits but will end on the earliest of: (1) the date the Insured [or Insured Spouse] [Person] ceases to be Permanently Totally Disabled; (2) the date the Insured [Insured Spouse] [Person] dies; (3) the date the Qualifying Family Member ceases to spend at least [20,30,40] hours per week, or a Homecare Provider ceases to spend [10,15,20] hours per week, to provide Continuous Care to the Insured [or Insured Spouse] [Person] for any reason.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [or Insured Spouse] [Person] is under Continuous Care for less than a full month.

[Only one Homecare Benefit, the largest, is payable for any one month the Insured [or Insured Spouse] [Person] receives Continuous Care, regardless of the number of Qualifying Family Members or Homecare Providers providing Continuous Care.]

[Termination: Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]

Continuous Care –means at least [20,30,40] hours a week of care by a Qualified Family member or at least [10,15,20] hours a week by a Homecare Provider at home for activities related to the physical life, health and safety of the Insured [or Insured Spouse] [Person] which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Full-Time –means actively working for wage or profit, for one employer for at least [20,25,30,35,40] hours per week.

Homecare Provider –means a licensed home health care professional or registered nurse, and not a Physician.

Monthly Earnings –means 1/12th of the base annual salary for the 12 months of employment immediately preceding resignation or a leave of absence to provide Continuous Care for an Insured [or Insured Spouse] [Person] exclusive of overtime, bonuses, tips, commissions and special compensation.

Permanently Totally Disabled/Permanent Total Disability –means that the Insured [or Insured Spouse] [Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c) Hemiplegia; or (d) Paraplegia; or (e) Quadriplegia; [or] [(f) loss of sight in both eyes; [or]] [(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia; [(“Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of sight in both eyes” means total and irrecoverable loss of the entire sight in both eyes. “Loss of hearing in both ears” means total and irrecoverable loss of the entire ability to hear in both ears. “Loss of speech” means total and irrecoverable loss of the entire ability to speak.)] [(“Hemiplegia” means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. “Limb(s)” means entire arm or entire leg. “Paraplegia” means the complete and irreversible paralysis of both lower Limbs. “Quadriplegia” means the complete and irreversible paralysis of both upper and both lower Limbs. “Uniplegia” means the complete and irreversible paralysis of one Limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.] [(However, w) [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse]

[Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training; [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [[or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident]; and (3.) requires the Continuous Care of the Qualifying Family Member or Homecare Provider; and (4.) requires the supervision of a Physician, unless the Insured [or Insured Spouse] [Person] has reached his or her maximum point of recovery.

Qualifying Family Member –means the Insured[’s or Insured Spouse’s] [Person’s] spouse, mother, father, sibling or child who is at least 18 years of age, and who: (1) worked Full-Time during the [90,180,365] day period immediately prior to the date of the accident which caused the Insured [or Insured Spouse] [Person] to be Permanently Totally Disabled; (2) worked for at least 12 consecutive months prior to the date of the accident which caused the Insured [or Insured Spouse] [Person] to be Permanently Totally Disabled; (3) took a leave of absence or resigned to care for the Insured [or Insured Spouse] [Person].]

[In-Hospital Indemnity Daily Benefit. If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30] Day(s) of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30]² Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. It is payable [monthly/weekly] up to the Maximum Number of Days shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.’s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day’s room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of In-Hospital Indemnity Daily Benefit coverage to a maximum of 180 days.]

[In-Hospital Indemnity Single Payment Benefit. If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [after [30,60,90,120,150,180] consecutive Day(s) of] [as shown in the Benefit Schedule for] Medically Necessary Confinement due to that Injury. No benefit is

provided if the Insured Person is confined for less than [30,60,90,120,150,180] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the Maximum Amount shown for the In-Hospital Indemnity Single Payment Benefit in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one accident per Insured Person regardless of the number of Injuries for which the confinement is required or the number of times the Insured Person must be confined due to Injuries resulting from the same accident. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one amount will be paid.]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.]

[In-Hospital Indemnity Sickness Daily Benefit. If[, after an Insured Person has been covered under the Policy for at least [36] consecutive months and that] [an] Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit after [1,2,3,4,5,6,7,8,14,30,60] consecutive Day(s) of Medically Necessary Confinement due to that Sickness [, retroactive to the [first] Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30,60] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Daily Benefit shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable [monthly/weekly] up to the Maximum Number of Days shown for the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[Termination: Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of In-Hospital Indemnity Sickness Daily Benefit coverage to a maximum of 180 days. If the same Insured Person is again confined due to the same Sickness or a new Sickness and such successive confinement is separated from the admission date for the first confinement by at least [60,90] days and the Insured Person has not been paid the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit for previous Medically Necessary Days of Confinement, benefits will continue to be payable under this benefit for the same Sickness or a new Sickness in accordance with the requirements specified above until the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Scheduled have been paid for that Insured Person. Once the maximum has been reached, no benefits are payable for any additional confinements due to Sickness for the lifetime of the Insured Person.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]

[In-Hospital Indemnity Sickness Single Payment Benefit. If[, after an Insured Person has been covered under the Policy for at least [36] consecutive months and that] [an] Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [after [30,60,90,120,150,180] consecutive Day(s) of][as shown in the Benefit Schedule for] Medically Necessary Confinement due to that Sickness. No benefit is provided if the Insured Person is confined for less than [30,60,90,120,150,180] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the Maximum Amount shown for the In-Hospital Indemnity Sickness Single Payment Benefit in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. The benefit is payable only once during the lifetime of the Insured Person. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one amount will be paid.]

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12, 24] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[Termination: Coverage under this Benefit does not apply to Sicknesses which occur after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a

rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]

[Intensive Care Unit Benefit. If benefits have become payable for an Insured Person under the In-Hospital Indemnity [Daily][or][Single] Benefit, and such Insured Person becomes confined in an Intensive Care Unit, We will pay an additional benefit equal to the Daily Intensive Care Unit Benefit shown in the Benefit Schedule for each day an Insured Person is confined in and charged for an Intensive Care Unit. The Intensive Care Unit Benefit is payable for up to the Maximum Intensive Care Unit Benefit Period, shown in the Benefit Schedule, for each Period of Confinement. Only one Daily Intensive Care Unit Benefit is provided for any one day of Intensive Care Unit confinement, regardless of the number of [Sicknesses or] Injuries for which the confinement is required.

Intensive Care Unit (ICU) - means a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.]

[Permanent Total Disability Benefit (Monthly Benefit). If, as a result of an Injury, an Insured [or Insured Spouse] [Person] is rendered Permanently Totally Disabled within [90,120,180,365] days of the accident that caused the Injury, and if the Permanent Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, We will pay a monthly benefit equal to the Permanent Total Disability (Monthly Benefit) Maximum Amount shown in the Benefit Schedule starting with the month following the Elimination Period.

The benefit is payable monthly as long as the Insured [or Insured Spouse] [Person] remains continuously Permanently Totally Disabled due to that Injury, but ceases on the earliest of: (1) the date the Insured [or Insured Spouse] [Person] ceases to be Permanently Totally Disabled; (2) the date the Insured [or Insured Spouse] [Person] dies; or (3) the date the benefit has been paid for the Maximum Number of Months specified for the Permanent Total Disability Benefit in the Benefit Schedule.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled for less than a full month. Only one benefit is provided for any one month of Permanent Total Disability, regardless of the number of Injuries causing the Permanent Total Disability or the number of losses incurred.

[If the Insured [or Insured Spouse] [Person] returns to any occupation for which he or she is or becomes qualified for by reason of education, experience or training on a full or part-time basis, [or in the case of a child under age [15], returns to school on a full-time or part-time basis] he or she may return to Permanent Total

Disability status if: (1) the Insured [or Insured Spouse] [Person] has not been back to work [or school] for longer than 30 days; and (2) the Insured [or Insured Spouse] [Person] is again Permanently Totally Disabled due to the same Injury which caused the original Permanent Total Disability.]

[If the Insured [or Insured Spouse] [Person] engages in any of the usual activities of a person of like age and sex in comparable health, he or she may return to Permanent Total Disability status if: (1) the Insured [or Insured Spouse] [Person] has not been engaging in such activities for longer than 30 days; and (2) the Insured [or Insured Spouse] [Person] is again Permanently Totally Disabled due to the same Injury which caused the original Permanent Total Disability.]

Periods of Permanent Total Disability separated by less than 30 consecutive days will be considered one period of Permanent Total Disability unless due to separate and unrelated causes.

We reserve the right, at the end of the Elimination Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at Our expense.

Elimination Period - means the period of consecutive months of Permanent Total Disability for which no benefit is payable. It begins on the first day of Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability - means that the Insured [or Insured Spouse] [Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c) Hemiplegia; or (d) Paraplegia; or (e) Quadriplegia; [or] [(f) loss of sight in both eyes; [or]] [(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia; [(“Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of sight in both eyes” means total and irrecoverable loss of the entire sight in both eyes. “Loss of hearing in both ears” means total and irrecoverable loss of the entire ability to hear in both ears. “Loss of speech” means total and irrecoverable loss of the entire ability to speak.)] [(“Hemiplegia” means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. “Limb(s)” means entire arm or entire leg. “Paraplegia” means the complete and irreversible paralysis of both lower Limbs. “Quadriplegia” means the complete and irreversible paralysis of both upper and both lower Limbs. “Uniplegia” means the complete and irreversible paralysis of one Limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.]] However, w/ [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse] [Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [(or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident;] and (3) is under the supervision of a Physician unless the Insured [or Insured Spouse] [Person] has reached his or her maximum point of recovery.]

Termination: Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]]

[Permanent Total Disability Benefit (Single Payment). If, as a result of an Injury, an Insured [or Insured Spouse] [Person] is rendered Permanently Totally Disabled within [90,120,180,365] days of the accident that caused the Injury, We will pay 100% of the Permanent Total Disability (Single Payment) Maximum Amount shown in the Benefit Schedule at the end of the Elimination Period as shown in the Benefit Schedule. We reserve the right, at the end of the Elimination Period to determine, on the basis of all the facts and circumstances, that the Insured [or Insured Spouse] [Person] is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided Our expense.

Elimination Period - means the period of consecutive months of Permanent Total Disability for which no benefit is payable. It begins on the first day of Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability- means that the Insured [or Insured Spouse]

[Person]: (1.) has suffered any of the following: (a) loss of both hands or feet; or (b) loss of one hand and one foot; or (c) Quadriplegia; or (d) Paraplegia; or (e) Hemiplegia; [or] [(f) loss of sight in both eyes; [or] [(g) loss of speech and hearing in both ears; or] [(h) loss of speech or hearing in both ears; or] (i) Uniplegia;] [“Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of sight in both eyes” means total and irrecoverable loss of the entire sight in both eyes. “Loss of hearing in both ears” means total and irrecoverable loss of the entire ability to hear in both ears. “Loss of speech” means total and irrecoverable loss of the entire ability to speak.)] [“Hemiplegia” means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. “Limb(s)” means entire arm or entire leg. “Paraplegia” means the complete and irreversible paralysis of both lower Limbs. “Quadriplegia” means the complete and irreversible paralysis of both upper and both lower Limbs. “Uniplegia” means the complete and irreversible paralysis of one limb.)] and (2.) [is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.] [However, w] [W]ith respect to an Insured [or Insured Spouse] [Person] for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Benefit, that the Insured [or Insured Spouse] [Person] is permanently unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;] [or, in the case of a child under age [15], is unable to attend school on a full-time or part-time basis;] [or] is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [or Insured Spouse] [Person] immediately prior to the accident;] and (3.) is under the supervision of a Physician unless the Insured [Insured Spouse] [Person] has reached his or her maximum point of recovery.]

Termination: Coverage under this Benefit does not apply to accidents occurring after the Insured [or Insured Spouse's] [Person's] attained age [70, 75, 80, 85].]

Physician's Office Visits Indemnity Benefit. If[, after the Waiting Period as shown in the Benefit Schedule,] the Insured Person visits a Physician's office for treatment of: [[Routine Well Care] [or] [an Injury] [or] [Sickness]] while the Insured Person's coverage under this Benefit is in force, We will pay a benefit equal to the Per Visit Benefit shown in the Benefit Schedule, subject to the [Maximum [and Combined Maximum] Number of Visits] [and the] [Maximum [and Combined Maximum] Benefit Amount] shown in the Benefit Schedule. [No benefit is payable if an Insured Person does not incur a Physician's office visit fee.] [The Lifetime Maximum Number of Visits is shown in the Benefit Schedule.] [The Lifetime Maximum Benefit Amount is shown in the Benefit Schedule.]

Termination Date: Coverage under this Benefit ends on [the earlier of:] [(1)] the date the [Lifetime Maximum Number of Visits [or]the Lifetime Maximum Benefit Amount] shown in the Benefit Schedule is met;] [or] [(2)] [[1-5] years] [[12-60] months] from the Insured Person's effective date of coverage under this Benefit.]]

Physician - means a legally qualified: optometrist, dentist, chiropractor, podiatrist, medical doctor, or doctor of osteopathy who: 1) is licensed by the jurisdiction in which he or she practices; and 2) performs services within the scope of his or her license. A Physician may not be: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

[*Routine Well Care* –means a physical examination or appropriate immunization. Service must be under the supervision of or recommended by a Physician.]

[*Sickness* –means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].]

[*Waiting Period* –means the period of consecutive months in which an Insured Person has been covered under the Policy, for which coverage is not effective under this Benefit. It begins on the Insured Person's effective date of coverage under this Benefit.]

[The Sickness exclusions in the Exclusions section or as amended shall not apply with respect to benefits payable under the Physician's Office Visits Indemnity Benefit.]]

Recuperation Daily Benefit. If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days

of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30 Day(s)] of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Recuperation Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury up to the Maximum Number of Days shown for the Recuperation Daily Benefit in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Daily Benefit coverage to a maximum of 180 days.]

[Recuperation Sickness Daily Benefit. If an Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, We will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14,30 Day(s)] of Medically Necessary Confinement due to that Sickness [, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3,4,5,6,7,8,14,30] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Recuperation Sickness Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness up to the Maximum Number of Days shown for the Recuperation Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy. A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]

[Termination: Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Sickness Daily Benefit coverage to a maximum of 180 days.

Sickness – means an illness or disease which is diagnosed or treated by a Physician [after the effective date of coverage under the Policy].

The Sickness exclusions in the Exclusions section or as amended shall not apply with respect to benefits payable under this Recuperation Sickness Daily Benefit.]

[Simultaneous In-Hospital Indemnity Daily Benefit. If an Insured Person and their Insured Spouse each suffer an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires both to be confined in a Hospital as Inpatients at the same time, We will pay a benefit [for each Day] [after 1,2,3] Day(s) of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]. No benefit is provided for [the first[2,3] Day(s) of Confinement or for] any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Daily Maximum Amount shown for the Simultaneous In-Hospital Indemnity Daily Benefit in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. It is payable [monthly/weekly] up to the Maximum Number of Days shown for the Simultaneous In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary –means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis,

treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Simultaneous In-Hospital Indemnity Daily Benefit coverage to a maximum of 180 days.]

[Total Temporary Disability Accident Benefit. If, as a result of an Injury, an Insured Person is rendered Temporarily Totally Disabled within 90 days of the date of the accident that caused the Injury, and if the Temporary Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, We will pay a monthly benefit beginning in the month following the Elimination Period. The monthly benefit is equal to 100% of the Total Temporary Disability Accident Maximum Amount as shown in the Benefit Schedule. The Benefit is payable as long as the Insured Person remains continuously Temporarily Totally Disabled due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Temporarily Totally Disabled due to that Injury; (2) the date the Insured Person dies; or (3) the date this Benefit has been paid for the Maximum Number of Months Payable as shown in the Benefit Schedule. We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured Person is Temporarily Totally Disabled for less than a full month. Only one benefit is provided for any one month of Temporary Total Disability, regardless of the number of Injuries causing the Temporary Total Disability or the number of losses incurred.

[Benefit Offsets. The Total Temporary Disability Benefit will be reduced by amounts paid to an Insured Person, due to the same Temporary Total Disability, under any of the following: [other group insurance plans;] [salary continuance, accumulated sick leave;] [wage benefits under Workers' Compensation and similar laws;] [state statutory disability benefit laws]].

[Recurrent Disability. Recurrent periods of Temporary Total Disability, due to the same or a related Injury, will be considered one period of Temporary Total Disability if separated by less than [90, 180] consecutive days of: (1) return to any full time work, if an occupational definition of Temporary Total Disability applies; or (2) performing the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident, if an occupational definition of Temporary Total Disability does not apply.

[Termination Date. Coverage under this Benefit ends on the date the Insured Person attains age [70, 75, 80, 85].

Elimination Period –means the period of consecutive months of Temporary Total Disability for which no benefit is payable. It begins on the first day of Temporary Total Disability.

Temporarily Totally Disabled/Temporary Total Disability - means: (1) [disability that prevents an Insured Person from performing the material and substantial duties of his or her own occupation] [disability that prevents an Insured Person from performing the material and substantial duties of any occupation for which he or she is qualified by reason of education, training or experience.] [However, with respect to an Insured Person for whom an occupational definition of Temporarily Totally Disabled/Temporary Total Disability is not appropriate, Temporarily Totally Disabled means] that the Insured Person is temporarily unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident; and (2) requires that the Insured Person is under the supervision of a Physician unless the Insured Person has reached his or her maximum point of recovery.]

[LIMITATIONS]

[Limitation on Benefit Payments. The Maximum Amount payable under the Policy may be reduced if more than one Insured Person insured under the Policy suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by the Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Dislocations and Fractures Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, Homecare Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, Intensive Care Unit Benefit, Permanent Total Disability Benefit (Monthly Benefit), Permanent Total Disability (Single Payment), Physician's Office Visits Indemnity Benefit, Recuperation Daily Benefit, Simultaneous In-Hospital Indemnity Daily Benefit, Total Temporary Disability Accident Benefit.] The Maximum Amount payable for all such losses for all Insured Persons insured under the Policy under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.]

[Limitation on Multiple Covered Activities. If an Insured Person's Injury is caused by an accident that occurs while the Insured Person is participating in more than one Covered Activity applicable to that Insured Person, and if the same Benefit applies to that Insured Person with respect to more than one such Covered Activity, then for Policy purposes, the Maximum Amount for that Benefit for that Insured Person for that accident will be determined as though the accident occurred while the Insured Person was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.]

EXCLUSIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. The Insured Person's commission of or attempt to commit a felony;
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person or the Insured Person's employer;
8. The Insured Person being under the influence of intoxicants, unless taken under the advice of and as specified by a Physician;
9. The Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
12. The Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
13. Any loss incurred while outside the United States, its Territories or Canada.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to Us within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to Us at American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the Insured, is deemed notice to Us.

Claim Forms. We will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include Your name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to Us, in case of claim for loss for which the Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which We are liable and in case of claim for any other loss, within 90 days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as We may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for Your loss of life will be made to the beneficiary as described in the Beneficiary Designation and Change provision below.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to You unless assigned by You or by operation of law. Any accrued benefits unpaid at Your death will be paid to Your estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at Our option, to any relative by blood or connection by marriage of the payee who, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. Any payment We make in good faith fully discharges Our liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon Our receipt of due written proof of the loss. Subject to Our receipt of written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which We are liable and any balance remaining unpaid upon termination of liability will be paid immediately.

[Subrogation And Right Of Recovery. As a condition to receiving [Accident Medical Expense] benefits under the Policy, the Insured Person (or, if he or she is deceased, an authorized representative of the Insured Person) agrees, except as may be limited or prohibited by applicable law:

1. to reimburse Us for any such benefits paid to or on behalf of the Insured Person, if such benefits are recovered, in any form, from any Third Party or Coverage; and
2. without limiting the preceding, that We are subrogated, for the purpose of Our recovery of any such benefits paid to or on behalf of the Insured Person, to any and all claims, causes of action or rights that he or she has or that may rise against any Third Party who has or may have caused, contributed to or aggravated the injury or condition for which the Insured Person claims an entitlement to Policy benefits, and to any claims, causes of action or rights he or she may have against any Coverage for the injury or condition for which the Insured Person claims an entitlement to Policy benefits.

The Insured Person agrees that he or she will make a decision on pursuing any and all claims, causes of action and rights against any and all Third Parties and Coverage within 30 days of the date We require that the Insured Person provide Notice of Claim for the injury or condition for which such Policy benefits are sought, and within such 30-day period will so notify Us in writing. In the event the Insured Person decides not to pursue a claim, cause of action or right against a Third Party or Coverage, or fails to notify Us of his or her intent to do so within such 30-day period, the Insured Person authorizes Us to pursue, sue, compromise or settle any such claim, cause of action or right in his or her name, authorizes Us to execute any and all documents necessary to pursue any such claim, cause of action or right, and agrees to cooperate fully with Us in the prosecution of any such claim, cause of action or right.

If the Insured Person is a minor or is not competent to make this agreement, the legal guardian of the Insured Person's property makes the agreement on the Insured Person's behalf as a condition to receiving [Accident Medical Expense] benefits under the Policy on behalf of the Insured Person. If the Insured Person has no guardian for his or her property, the person or persons who, in Our opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs make the agreement on the Insured Person's behalf as a condition to receiving such benefits under the Policy on behalf of the Insured Person.

We will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured Person against any Third Party or Coverage.

Coverage - as used in the Subrogation and Right of Recovery section of the Policy, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except the Policy).

Third Party(ies) - as used in this Subrogation and Right of Recovery section of the Policy, means any person, corporation or other entity (except the Insured Person and Us).]

GENERAL PROVISIONS

Entire Contract; Changes. The Policy, the Application, and any attached Riders or Endorsements make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No written statement made by the Insured will be used in any contest unless a copy of the statement is furnished to the Insured or their personal representatives.

No change in the Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to the Policy. No agent may change the Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain the Insured's Signature in order for the change to be binding.

Incontestability. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except as to nonpayment of premiums.

After two years from the Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to void the Policy or contest a claim under the Policy. We may only contest coverage if the misstatement is made in a written instrument containing the Signature of the Insured and the Insured and a copy is given to the Insured.

Beneficiary Designation and Change. The designated beneficiary(ies) is (are) the person(s) named by You as shown on the Company's records kept on the Policy. You may change the beneficiary at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us with a written request for change. When the written request is received by Us, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by Us prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Insured Person's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, Insured Person's estate.

Insured Spouse and Dependent Child(ren)'s Beneficiary Designation and Change. The Insured Spouse and Dependent Child(ren)'s beneficiary is You unless You have named (a) different beneficiary(ies) for the Insured Spouse and Dependent Child(ren)'s coverage as shown on the Company's records kept on the Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for the Insured Spouse and Dependent Child(ren)'s coverage at any time, unless an irrevocable beneficiary designation has been made, without their consent or the designated beneficiary(ies) consent, by providing Us with a written request for change. When the request is received by Us, whether You or the Insured Spouse or Dependent Child(ren) is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Spouse or Dependent Child(ren)'s death, the beneficiary is Your estate.]

Physical Examination and Autopsy. At Our own expense, We have the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which You reside is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by You, an Insured Person, or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Assignment. We will not assume responsibility for determining the validity of an assignment of benefits to a provider of services. No such assignment of benefits will be recognized until We receive notice that You have specifically assigned the benefits of Your Policy.

Misstatement of Age. If premiums for an Insured Person are based on age and the age has been misstated, there will be a fair adjustment of premiums based on the true age. However, if the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of premiums after the limiting or termination age, then We are only liable to refund, upon request, all premiums paid for the period an Insured Person should not have been covered under the Policy. If the benefits are based on age and the age has been misstated, there will be an adjustment of said benefit based on the true age. We may require satisfactory proof of age before paying any claim.

Other Insurance in this Insurer. Insurance effective at any one time on an Insured Person under the Policy and a like policy or policies issued by the Company is limited to the one policy elected by the Insured Person, or the Insured Person's beneficiary or estate, as the case may be, and the Company will return all premiums paid for all other such policies.

SERFF Tracking Number: AGDE-126429000 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 44398
Company Tracking Number: A30374NUFIC
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Direct Marketing
Project Name/Number: OINS Rider/A30374NUFIC

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	12/29/2009
Comments:		
Attachment: Insurance w Same Insurer Rider Readability Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	12/29/2009
Comments: Application form number: A30363NUFIC-AR approved 3/13/2009 under your file #41559.		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	12/29/2009
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	12/29/2009
Comments: The revised Outline of Coverage, form A30364NUFIC-AR (Rev. 12/09), is attached to Form Schedule Tab.		

CERTIFICATION OF READABILITY

National Union Fire Insurance of Pittsburgh, Pa., hereby certifies that the following forms have attained a Flesch Reading Ease score of:

FLESCH SCORE	FORM
51.4	Insurance with Same Insurer Rider

Signature: 

Name and Title: **Susan E. Martin, Assistant Vice President**

Date: **December 22, 2009**